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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	990589RE/LH
	First Named Inventor	Yoshihiro SHIMADA
	Original Patent Number	6,255,646
	Original Patent Issue Date (Month/Day/Year)	07/03/2001
	Express Mail Label No.	EV 339 431 821 US

APPLICATION FOR REISSUE OF:

(Check applicable box)

☐

Utility Patent

☒

Design Patent

☐

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/56)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☒ Original U.S. Patent for surrender
 - ☒ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: Change of Correspondence
 - Address Application _____
 - (Form PTO/SB/122) _____

18. CORRESPONDENCE ADDRESS

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Country	Telephone		

NAME (Print/Type)	Douglas Holtz	Registration No. (Attorney/Agent)	33,902
Signature	<i>[Signature]</i>	Date	07/02/2003

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Date of Deposit: July 2, 2003

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450

Ian T. Volek

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PTO/SB/56 (04-01)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
(A) 6	Total Claims (37 CFR 1.16(i))			Rate	Fee	Rate	Fee
(C) 1	Independent claims (37 CFR 1.16(j))	(B) 10	**** 0 =	x \$ =		x \$ =	
		(D) 2	* 0 =	x \$ =		x \$ =	
Basic Fee (37 CFR 1.16(h)) \$							\$750.00
Total Filing Fee \$						OR	\$750.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS **	*	x \$ =		x \$ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS *****	=	x \$ =		x \$ =	
Total Additional Fee \$						OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 06-1378.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 750.00 _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

July 2, 2003

Date

Signature of Applicant, Attorney or Agent of Record

Douglas Holtz

Typed or printed name

Please type a plus sign (+) inside this box → (+)


PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0661-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents Washington, D.C. 20231	Application Number	Reissue of USP 6,255,646
	Filing Date	Concurrently Herewith
	First Named Inventor	Yoshihiro Shimada
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	990589RE/LH


Please change the Correspondence Address for the above-identified application to: <input checked="" type="checkbox"/> Customer Number [01933] → <i>Type Customer Number here</i> OR		 01933 PATENT TRADEMARK OFFICE
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I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Typed or Printed Name	Douglas Holtz, Reg. No. 33,902
Signature	
Date	July 2, 2003
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.	

<input type="checkbox"/> Total of _____ forms are submitted.
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